

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214518448</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Airbus Americas Customer Services, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>LAURENT TREMEAU</b>  <b>2550 WASSER TERRACE</b>  <b>SUITE 9100</b></p> <p><b>HERNDON, VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2014</b></p> <p>SCC ID NO: <b>F1829524</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000	
CLASS	AUTHORIZED						
COMMON	1,000						
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>FAIRFAX COUNTY</b></p>							
<p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p>							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2550 WASSER TERRACE SUITE 9100</p> <p style="text-align: center;">CITY/ST/ZIP: HERNDON, VA 20171</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BARRY ECCLESTON  TITLE: P,CEO  ADDRESS: 2550 WASSER TERRACE  SUITE 9100  CITY/ST/ZIP/CO: HERNDON, VA 20171 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: BARRY ECCLESTON TITLE: P,CEO ADDRESS: 2550 WASSER TERRACE SUITE 9100 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BARRY ECCLESTON TITLE: P,CEO ADDRESS: 2550 WASSER TERRACE SUITE 9100 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT A. GECKLE, JR.  TITLE: VP/GC/S  ADDRESS: 2550 WASSER TERRACE  SUITE 9100  CITY/ST/ZIP/CO: HERNDON, VA 20171 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: ROBERT A. GECKLE, JR. TITLE: VP/GC/S ADDRESS: 2550 WASSER TERRACE SUITE 9100 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ROBERT A. GECKLE, JR. TITLE: VP/GC/S ADDRESS: 2550 WASSER TERRACE SUITE 9100 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LAURENT TREMEAU  TITLE: VP-FIN/T  ADDRESS: 2550 WASSER TERRACE  SUITE 9100  CITY/ST/ZIP/CO: HERNDON, VA 20171 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: LAURENT TREMEAU TITLE: VP-FIN/T ADDRESS: 2550 WASSER TERRACE SUITE 9100 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: LAURENT TREMEAU TITLE: VP-FIN/T ADDRESS: 2550 WASSER TERRACE SUITE 9100 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN LEAHY  TITLE: VICE CHAIRMAN  ADDRESS: 1, ROND POINT MAURICE BELLONTE  CITY/ST/ZIP/CO: , , FN </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: JOHN LEAHY TITLE: VICE CHAIRMAN ADDRESS: 1, ROND POINT MAURICE BELLONTE CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JOHN LEAHY TITLE: VICE CHAIRMAN ADDRESS: 1, ROND POINT MAURICE BELLONTE CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: T. ALLAN MCARTOR  TITLE: CHAIRMAN  ADDRESS: 2550 WASSER TERRACE  SUITE 9100  CITY/ST/ZIP/CO: HERNDON, VA 20171 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: T. ALLAN MCARTOR TITLE: CHAIRMAN ADDRESS: 2550 WASSER TERRACE SUITE 9100 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: T. ALLAN MCARTOR TITLE: CHAIRMAN ADDRESS: 2550 WASSER TERRACE SUITE 9100 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH E. MCKENZIE COO/SVP-CUSTOMER 2550 WASSER TERRACE SUITE 9100 HERNDON, VA 20170	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E ANDERSON DIRECTOR 1, ROND POINT MAURICE BELLONTE , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT LEKITES DIRECTOR 2550 WASSER TERRACE, SUITE 9100 HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN SHERFEY CFO 2550 Wasser Terrace Suite 9100 Herndon, VA 20171	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH T. HOUGHTON DIRECTOR 4355 NW 36th St. Miami, FL 33166	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT A. GECKLE, JR.		ROBERT A. GECKLE, JR., VP/GC/S	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			